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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	08/259,321
Filing Date	June 10, 1994
First Named Inventor	Aireza Rezale
Art Unit	1842
Examiner Name	N. Johnson
Attorney Docket Number	OMRF 106 CIP

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number **23579**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

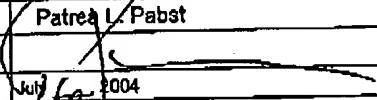
The reasons for this request are: Transfer of all files to inhouse patent agent

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1. ☐ The correspondence address is NOT affected by this withdrawal.
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<input checked="" type="checkbox"/> Firm or Individual Name	Oklahoma Medical Research Foundation c/o Ms. Cheryl Husmann Patent Agent No. 50,661		
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Signature			
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Date	July 26, 2004	Telephone No.	(404) 879-2151

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